# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2006**
**Secretary of State**

DOCUMENT# P95000033544

**Entity Name:** CORAL REEF CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

9044 SW 152 ST
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

9044 SW 152 ST
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number: 65-0581312** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEPIN, MARK
9044 SW 152ND ST
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: PEPIN, MARK
Address: 9044 SW 152 ST
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: PEPIN, MELISA
Address: 9044 SW 152 STREET
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK PEPIN D 01/19/2006

Electronic Signature of Signing Officer or Director Date